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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Tijs Wilbrink, et al.

Examiner: Ricardo Osorio

Serial No: 10/045,484

Art Unit: 2673

Filed: January 10, 2002

Docket: FIS920010299US1(14993)

For: USER INPUT METHOD AND
APPARATUS FOR HANDHELD
COMPUTERS

Dated: March 1, 2004

Confirmation No: 9704

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

Responsive to the Office Action dated December 1, 2003, Applicants respectfully request the Examiner to reconsider the application in view of the following amendments and remarks.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 9 of this paper.

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Dated: March 1, 2004


Steven Fischman

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Re: Tijs Wilbrink, et al.
Serial No. 10/045,484
Filed: January 10, 2003
Confirmation No: 9704
Our Docket: FIS920010299US1 (14993)

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Pursuant to your request, attached hereto is a signed copy of an Amendment filed on March 1, 2004 in response to the Office Action dated December 1, 2003. Included in the attachment is the facsimile confirmation transmission report confirming that the Amendment was transmitted to your office on March 1, 2004.


Steven Fischman
Registration No. 34,594

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3. Amendment
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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. FIS920010299US1(14993)	
Applicant(s): Tijs Wilbrink, et al.					
Serial No. 10/045,484	Filing Date January 10, 2002	Examiner Ricardo Osorio	Group Art Unit 2673		
Invention: USER INPUT METHOD AND APPARATUS FOR HANDHELD COMPUTERS					
Confirmation No: 9704					
TO THE COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	19 -	22 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 09-0458/IBM <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature			Dated: March 1, 2004		
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